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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
_	Foster, G. William (Bill), , ,									
	(b) Address (number and street) 511 Aurora Avenue Unit 511	₹ Check if address changed			2. Candidate's FEC Identification Number H8IL14067					
	(c) City, State, and ZIP Code					3. Is This	Ne	W		Amended
	Naperville		IL	60540		Statem	ent (N)	OR	×	(A)
4.	Party Affiliation	5. Office Sought		(6. State & Dist	trict of Candida	ate			
	DEMOCRATIC PARTY	House			IL	11				
	DE	SIGNATION OF F	RINCII	PAL (CAMPAIGI	N COMMI	TTEE			
7.	I hereby designate the following nar	med political committee a	s my Prind	cipal Ca	ampaign Comr		2024 (year of elect		ion(s).	
	NOTE: This designation should be f	iled with the appropriate	office liste	d in the	instructions.					
	(a) Name of Committee (in full)									
	Bill Foster for Congr	ess								
	(1) 111									
	(b) Address (number and street) PO Box 9104									
	(a) City State and TID Code									
	(c) City, State, and ZIP Code									
	Aurora				IL	60598				
8.	(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.									
_	(a) Name of Committee (in full)									
	Bill Foster Victory F	und 2024								
	(b) Address (number and street)									
	600 Pennsylvania Avenue SE									
	#15180									
	(c) City, State, and ZIP Code									
	Washington				DC	20003				
										ı
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
	gnature of Candidate					Date				
F	oster, G., William, ,			[Electro	onically Filed]	03/30/202	23			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Democracy Defenders							
	(b) Address (number and street) 600 Pennsylvania Avenue SE #15180							
	(c) City, State, and ZIP Code							
	Washington	DC	20003					
8.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaig		mittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	Stand Up for Democracy JFA							
	(b) Address (number and street) PO Box 5418							
	(c) City, State, and ZIP Code							
	Takoma Park	MD	20913					
8.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		mittee, to receive and expend funds on behalf of my					
8.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaig (a) Name of Committee (in full)		mittee, to receive and expend funds on behalf of my					
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							